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TO: Director of the United States
Patent and Trademark Office
Alexandria, Virginia 22313-1450
MAIL STOP AF

ATTENTION: Examiner Michael A. Lyons
(Art Unit 2877)

FROM: William J. Barber

DATE: October 7, 2003

RE: Amendment After Final Rejection
Re application of: Michael A. Davis et al.
Serial No.: 09/703,823
Filed: December 29, 2000 for
OPTICAL SYSTEM FEATURING CHIRPED BRAGG GRATING ETALON
FOR PROVIDING PRECISE REFERENCE WAVELENGTHS
Our File No.: 712-002.104

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Please contact us if you have any questions.

NUMBER OF PAGES (INCLUDING THIS TRANSMITTAL PAGE): 14

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Practitioner's Docket No. 712-002.104**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Michael A. Davis et al.

Application No.: 09 / 703,823

Group No.: 2877

Filed: November 1, 2000

Examiner: Michael A. Lyons

For: Optical System Featuring Chirped Bragg Grating Etalon
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**RESPONSE UNDER
37 C.F.R. § 1.116
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AMENDMENT OR RESPONSE AFTER FINAL REJECTION—TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. § 1.116) for this application.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*
(When using Express Mail, the Express Mail label number is mandatory;
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37 C.F.R. § 1.10 *

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Date: October 7, 2003

Debra A. Pongetti

(type or print name of person certifying)

* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

(Amendment or Response After Final Rejection—Transmittal [9-20]—page 1 of 4)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. § 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY			
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	*	MINUS **	=	×\$9=	\$		×\$18=	\$	
INDEP.	*	MINUS ***	=	= \$42=	\$		= \$84=	\$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$140=	\$		+ \$280=	\$	
					TOTAL	\$	OR	TOTAL	\$
					ADDIT. FEE	\$			

* If the entry in Col. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest No. Previously Paid For" (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: See 37 C.F.R. § 1.116.

(complete (c) or (d), as applicable)

(c) ☒ No additional fee is required.

OR

(d) ☐ Total additional fee required is \$ _____

FEE PAYMENT

5. ☐ Attached is a ☐ check ☐ money order in the amount of \$ _____

☒ Authorization is hereby made to charge the amount of \$ _____

☒ to Deposit Account No. 23-0442

☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

WARNING: Credit card information should not be included on this form as it may become public.

☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

A duplicate of this paper is attached.

(Amendment or Response After Final Rejection—Transmittal [9-20]—page 3 of 4)

FEE DEFICIENCY

NOTE: Where there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the case. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 23-0442

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 23-0442

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SIGNATURE OF PRACTITIONER

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(type or print name of practitioner)

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(Amendment or Response After Final Rejection—Transmittal **[B-20]**—page 4 of 4)